

U.S. POSTAGE  
09/571059  
05/23/00

	<b>Class</b>	<b>Subclass</b>

**ISSUE CLASSIFICATION**

NO <u>110</u> O.I.P.E. SCANNED <u>110</u> Q.A. <u>ne</u>	PATENT DATE
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APPLICATION NO. 09/577059	CONT/PRIOR D	CLASS 424	SUBCLASS 490	ART UNIT 1615 1616	EXAMINER <del>DEWITT</del> DEWITT
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**PLICANTS** William Curatolo  
Hylar Friedman  
Richard Korsmeyer  
Steven LeMott

Controlled-release dosage forms of azithromycin

PTO-2040  
12/99

<b>ISSUING CLASSIFICATION</b>									
<b>ORIGINAL</b>				<b>CROSS REFERENCE(S)</b>					
<b>CLASS</b>		<b>SUBCLASS</b>		<b>CLASS</b>	<b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b>				
<b>INTERNATIONAL CLASSIFICATION</b>									

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<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>		<b>CLAIMS ALLOWED</b>	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)		<b>NOTICE OF ALLOWANCE MAILED</b>	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____	_____ (Primary Examiner) (Date)		<b>ISSUE FEE</b>	
	_____ (Legal Instruments Examiner) (Date)		Amount Due	Date Paid
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.			<b>ISSUE BATCH NUMBER</b>	
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